Committee Name: KTADAPAC Today's Date: October 24, 2012

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2012 NOV -5 AM 9: 33

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463 FEC MAIL CENTER

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to fetleral eandidates or committees.

Respectfully submitted,

Marvin Meissner,

Treasurer

## 2030944727

**FEC** FORM 1

Use

Only

## STATEMENT OF **ORGANIZATION**

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**FEC FORM 1** 

(Revised 06/2012)

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M3 M	AIL CENTER
IKTADA PACI				
			1111	
ADDRESS (number and street)	1511111 WEST	IGENESEE IS	T	
	CITY A		NY II	3 P 3 1 - L ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	IKITIA da pia ci@	yahoon com		
	Optional Second E-Mail Add	•		
			1111	
COMMITTEE'S WEB PAGE ADD  (Check if address is changed)		piaici.icioim		
2. DATE	D / Y Y Y Y			
3. FEC IDENTIFICATION NU	JMBER ▶ C			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct ar	nd complete.
Type or Print Name of Treasure	MARVIN MEIS	SSNER	····	
Signature of Treasurer	m- m_		Date 💆 🖔	24 2012
NOTE: Submission of false, errone	-	may subject the person signing to ON SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437(
Office		For further information co		FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2			
TYPE OF C	OMMITTEE Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below	2.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate					
Candidate Party Affiliation	Office on Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Con	nmittee: (National, State	(Democratic,			
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.			
Political A	ction Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:			
	Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fund	raising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal earntidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
Com	mittees Participating in Joint Fundraiser				
1.	FEC ID number C				
2.	FEC ID number C	·			
3.	FEC ID number C				
4					

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Write o	or Type Committee Nam  PAPAC		rage 3
6. Nam	ne of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	nip PAC Sponsor
Moln	10		
Ш			
Maili	ng Address		
			11111
		CITY STATE	ZIP CODE
Relat	tionship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponso
	todian of Records: Ide	entify by name, address (phone number optional) and position of the person in poss	session of committee
Full 1	Name LILI		
Maili	ng Address		
			11111
Title	or Position	CITY STATE :	ZIP CODE
LT.	REASURER	Telephone number 607-7-7	<u>45-18359</u>
	surer: List the name ar designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
	Name easurer MARIR	VIIN MEISINER	
Mailir	ng Address	KTAPAPAC,	
		15 1,1,1, WEST, BENESEE 187.	
		CITY STATE 2	ZIP CODE
	or Position REAJURER	Telephone number 140,71-17,	4,51-18,3,54

	oriii i (nevised	02/2009)			Page 4
Full Name of Designated	ı				
Agent	<u></u>	<u> </u>	1 1 1 1 1		
Mailing Addres	s				
		<u> </u>			<u> </u>
		CITY		STATE	ZIP CODE
Title or Positio	n	,		,	
			Telephone nui	mber	
				···	
Banks or Oth	er Depositorio	es: List all banks or other depositories i	in which the commit	tee deposits	funds, holds accounts, rents
safety deposit	boxes or main	tains funds.			
	boxes or main	tains funds.			
safety deposit	boxes or main , Depository, e	tains funds.		<u> </u>	<u> </u>
safety deposit Name of Bank	boxes or main , Depository, e	tains funds. tc. RLICIUI ICIRIEI DIITI IVII	V. 1. 10 1 N		
safety deposit	boxes or main , Depository, e	tains funds.	V. 1. 10 1 N		
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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	e Confirmation™ Label
USPS Express Mail	Postmarked /// // // // // // // // // // // // /
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
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Im 12	11/5/12
PREPARER (3/2005)	DATE PREPARED
(012000)	